



Access Group Loans Serviced by:

Kentucky Higher Education Student Loan Corporation  
P.O. Box 24328  
Louisville, KY 40224-0328  
(888) 250-6401

### Third Party Authorization Request Form

In order to release your confidential account information to the individuals you are authorizing, you **must** complete this form and return it to the address listed above or fax it to us at (502) 329-7077. Please allow a minimum of 24 hours for processing.

#### Borrower Information:

Name (please print): \_\_\_\_\_

Last four digits of SSN: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Third Party Information:

Provide **all** of the following information regarding the individual(s) you are authorizing:

Full Name	Last four digits of their social security number*	Date of Birth

\* If available